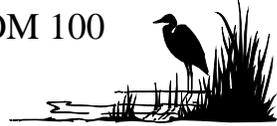


**AITKIN COUNTY ENVIRONMENTAL SERVICES
PLANNING AND ZONING**

209 SECOND STREET NW ROOM 100
AITKIN, MN 56431
218/927-7342



RECYCLING BINS RENTAL APPLICATION

Please Complete Both Pages (front & back).

Name of Event: _____ Date(s) of Event: _____

Event Address: _____

Name of Applicant: _____

Mailing Address: _____

Phone	Fax	E-Mail Address
-------	-----	----------------

Event Manager or Contact Person: _____ Phone: _____

Event Description:

What do you plan to recycle and how do you plan to remove the recyclables from your event?

Where will the recyclables be brought for final disposal (facility name and location)?

****These bins are most effective when placed next to garbage containers.**

Recycling Equipment Request

Equipment Pick up day and time: _____

***All equipment MUST be returned within 3 business days following the event.**

Name of Person signing for receipt of equipment: _____

Number Requested	Item(s)
	Recycling Bins
	Recycling Bags

A \$60 refundable deposit per bin is due 7 days prior to the event. All equipment must be returned in the same manner in which it is received. A \$20.00 per hour cleaning fee and damage costs will be deducted for dirty or damaged equipment. Please make check payable to **Aitkin County Environmental Services**. The event staff is responsible for pickup and drop off all equipment. The equipment loan is not guaranteed until the application is approved and the deposit is paid.

I certify that I am an authorized representative of the above organization, and that the above statements are true to the best of my knowledge. I and/or the organization I represent understand that any violation of any of these agreements will result in forfeiture of deposit and immediate termination of the use of equipment. I and/or the organization I represent agree to indemnify, defend, and hold harmless Aitkin County Environmental Services, its officials, its agents, and employees against any and all claims, damages, losses, and expenses, including legal fees arising out of or in any way associated with the event of the use of this equipment.

Signature _____ Date _____

If person signing for receipt of equipment is different than the person signing above:

Signature _____ Date _____

For Office Use

Date Application Received _____ Event City/Township _____

Approved _____ Denied _____ Reason denied _____

Deposit amount received _____ Check Number _____ Cash _____

Date Deposit Returned _____ Amount Returned _____

If returned deposit is less than the original deposit then list reasons: _____
